



American College of Surgeons

ATLS® COURSE REQUEST AUTHORIZATION FORM

This form must be validated by the State/Provincial (S/P) Chair and the ACS ATLS® office for the course to be officially authorized and conducted. (Please type or use ballpoint pen to complete this form and forward to your S/P Chair.) The S/P Chair will forward all copies to the ATLS® office.

Shaded areas are for office use only.

Course Site		City: <u>Billings</u>	State: <u>MT</u>	Country: <u>US</u>
Facility: <u>Billings Clinic</u>		<input checked="" type="checkbox"/> This is a new course site.		
Date of Request: <u>2 / 11 / 06</u>		Course Type		Participants
Course Dates: <u>4 / 20 - 21 / 06</u>		Course Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> MDs/DOs # of: <u>12</u>
Commercial Support Agreement Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Student - 2 day		<input type="checkbox"/> Residents # of: _____
Commercial Support Agreement Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Student - 2.5 day		<input type="checkbox"/> Final-year Medical Students # of: _____
		<input type="checkbox"/> Student/Student Refresher - 2 day		<input type="checkbox"/> Doctors-other countries* # of: _____
		<input type="checkbox"/> Student/Student Refresher - 2.5 day		<input type="checkbox"/> Dentists # of: _____
		<input type="checkbox"/> Student Refresher - 0.5 day		<input checked="" type="checkbox"/> Physician Extenders
		<input type="checkbox"/> Student Refresher - 1 day		Identify Type: <u>PA</u> # of: <u>4</u>
		<input type="checkbox"/> Instructor - 1.5 day		<u>RN</u> # of: _____
		<input type="checkbox"/> Instructor Update (circle one)		<input type="checkbox"/> Student Refreshers
		• 1 day course		Identify Type: _____ # of: _____
		• Extended Precourse Faculty Meeting		<input checked="" type="checkbox"/> Auditors
				Identify Type: <u>RN</u> # of: <u>4</u>
				<u>EMT</u> # of: _____
				* Contact ACS ATLS® if Instructor Course
First Director: <u>John Craig</u>		Second Director: _____ (If > 24 Students)		
Identification No.: <u>461 41 4081</u> Specialty: <u>GS</u>		Identification No.: _____ Specialty: _____		
Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____		Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____		
National, Regional or S/P Faculty required to evaluate candidate(s):		Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____		Expiration Date: _____		
Identification Number: _____		Faculty Level: _____		
Educator:		Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identification Number: _____		Expiration Date: _____		
Candidate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coordinator: <u>Jim DeTienne</u>		Expiration Date: _____		
Address: <u>EMS & Trauma Systems</u>				
<u>PO Box 202951 Helena MT 59620</u>				
Telephone: <u>(406) 444-4460</u> Fax: <u>(406) 444-1814</u>				
**Contact person for ATLS® web site if different from course coordinator listed:				
Name: _____		Telephone # _____		
ACS State/Provincial Committee on Trauma Chair's Coapproval				
<input checked="" type="checkbox"/> Course approved		<input checked="" type="checkbox"/> New Site Approved		<input checked="" type="checkbox"/> Physician Extenders approved
<input type="checkbox"/> Approved all participants		<input checked="" type="checkbox"/> Auditors approved		<input checked="" type="checkbox"/> Manuals approved
Signature: <u>#138506</u>		Date: <u>2-23-06</u>		
ATLS® Office Coapproval				
Course Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Course Serial #: <u>29045-P</u>		By: <u>FS</u> On: <u>3/22/06</u>